

MDR Tracking Number: M5-04-1050-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-31-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Magnetic Resonance Imaging was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 8/14/02 through 8/14/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 25th day of March 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

March 8, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-1050-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 24 year-old male who sustained a work related injury on ___. The patient reported that while at work he was carrying a carpet with a co-worker, when the co-worker dropped the other end of the carpet, causing injury to the patient's right shoulder. X-rays of the right shoulder indicated a small distal clavicular osteophyte, increase in calcification of the distal clavicle, and no fracture. An MRI of the right shoulder dated 5/8/02 indicated a small focus of signal suggestive of a fluid collection adjacent to the humeral head laterally, and a small substance tear is suspected involving the biceps tendon. An MRI of the right shoulder dated 8/14/02 indicated a small full thickness tear involving the anterior inserting supraspinatus tendon with no associated fluid within the subdeltoid, subacromial bursal space. On 7/31/02 the patient underwent electrodiagnostic studies of the upper extremities that demonstrated slowing of nerve conduction velocity of right Ulnar nerve suggestive of entrapment or dysfunction of the Ulnar nerve on the right side. Diagnoses for this patient's condition have included AC joint strain/right, rotator cuff tendonitis/right, biceps tendonitis/right, and foramen extensor compartment tendonitis/right. Treatment for this patient's condition has included physical therapy consisting of stretching, strengthening, modalities, rotator cuff strengthening, and injections.

Requested Services

Magnetic Resonance Imaging on 8/14/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this patient concerns a 24 year-old male who sustained a work related injury to his shoulder on ___. The ___ physician reviewer explained that the patient's history was consistent with the development of symptomatic right shoulder rotator cuff tendonitis vs. small tear. The ___ physician reviewer also explained that in the absence of resolution with physical therapy, and MRI was medically reasonable and indicated. Therefore, the ___ physician consultant concluded that the Magnetic resonance imaging on 8/14/02 was medically necessary to diagnose and treat this patient's condition at this time.

Sincerely,